

COMBINED DECLARATION AND POWER OF ATTORNEY

OPPEDAHL LARSON, LLR

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Methods for Preparation of Lipid-Encapsulated

Therap	eutic Agents				
the spe	cification of whic	h			
(a) []	is attached here	eto.			
(b) []	was filed on		oplication Serial No.	a	and was amended
(c) [x]	was described a	and claimed in Inte d amended on	rnational Application No.	PCT/CA00/	00843 filed on July
includi	ng the claims, as ation which is ma	e reviewed and un amended by any a sterial to the patent	ledgment of Duty of Disc inderstood the content of the amendment referred to ab- tability of the subject matter Regulations § 1.56(a).	ne above identif ove. I acknowl	leage the duty to disclos
365(c) insofar States	of any PCT inter as the subject m or PCT internation wledge the duty to en the filing date	national applicationation atter of each of the contraction in the cont	35 U.S.C. § 120 United States Code, § 120 In designating the United Sections of this application the manner provided by the information as defined in attention and the national or Position 1 of 120 periods.	States of Americal in is not disclose the first paragral 37 CFR § 1.56	ca, listed below and, ed in the prior United ph of 35 U.S.C. § 112, I swhich became availab
(Applica	tion Serial No.)	(Filing Date)	(Status)(patented,pending,a	bandoned)	(Patent No. if applicable)
(Applica	tion Serial No.)	(Filing Date)	(Status)(patented,pending,a	bandoned)	(Patent No. if applicable)
			Power of Attorney		
I hereb	oy appoint Carl O	ppedahl, PTO Reg	g. No. 32,746, Marina T. L	arson, PTO Re	g. No. 32,038, and D'Ar

Straub, PTO Reg. No. 47,113 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND C

021121

PATENT TRADEHARK OFFICE;

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600

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Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[]NO[]
FOREIGN APPLICATION	ON(S), IF ANY, FILED MORE T	HAN 12 MONTHS (6 M	ONTHS FOR DESIGN) F	RIOR TO SAID APPLI	CATION
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/143978	07/15/1999	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME .
OR FIRST INVENTOR	MAURER	NORBERT	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
	VANCOUVER	BRITISH COLUMBIA, CANADA	AUSTRIA
POST OFFICE ADDRESS 2252 Allison Road		CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA, CANADA V6T 1T6
DATE Dec. 10, 2001		SIGNATURE Norbed Rouse	

[X]Signature for additional joint inventor attached. Numer of Pages 1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.



NAME OF SECOND INVENTOR	LAST NAME WONG	FIRST NAME KIM	MIDDLE NAME F	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	OSTATE OR COUNTRY OF RESIDENCE AND CANADA	COUNTRY OF CITIZENSHIP CANADA	
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DATE December 11, 2001		SIGNATURE CF Way		
NAME OF THIRD INVENTOR	LAST NAME CULLIS	FIRST NAME PIETER	MIDDLE NAME R.	
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DATE		SIGNATURE		
NAME OF FOURTH	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
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DATE		SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		спу .	STATE/COUNTRY ZIP CODE	
DATE		SIGNATURE		



MIDDLE NAME FIRST NAME LAST NAME NAME OF SECOND KIM INVENTOR WONG COUNTRY OF CITIZENSHIP **QSTATE OR COUNTRY OF** CITY OF RESIDENCE **RESIDENCE &** CANADA RESIDENCE **VANCOUVER** CITIZENSHIP BRITISH COLUMBIA, CANADA STATE/COUNTRY ZIP CODE POST OFFICE ADDRESS CANADA V6R 2V5 VANCOUVER. 4595 WEST 13[™] AVENUE **BRITISH COLUMBIA** SIGNATURE DATE MIDDLE NAME FIRST NAME . LAST NAME NAME OF THIRD PIETER R. CULLIS INVENTOR STATE OR COUNTRY OF RESIDENCE COUNTRY OF CITIZENSHIP CITY OF RESIDENCE **RESIDENCE &** CANADA BRITISH COLUMBIA, CANADA VANCOUVER CITIZENSHIP STATE/COUNTRY ZIP CODE CITY POST OFFICE ADDRESS VANCOUVER. CANADA V6R 1H4 3272 WEST 1ST AVENUE BRITISH COLUMBIA DATE . FIRST NAME MIDDLE NAME NAME OF FOURTH LAST NAME INVENTOR STATE OR COUNTRY OF RESIDENCE COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY OF RESIDENCE CITIZENSHIP STATE/COUNTRY ZIP CODE CITY POST OFFICE ADDRESS DATE SIGNATURE MIDDLE NAME FIRST NAME NAME OF FIFTH LAST NAME INVENTOR CITY OF RESIDENCE STATE OR COUNTRY OF RESIDENCE COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP CITY STATE/COUNTRY ZIP CODE POST OFFICE ADDRESS SIGNATURE DATE